

Archdiocesan Notification of Intent to Begin Ad Altare Dei/Pope Pius XII Program

This form is to be submitted by the Religious Emblem Counselor three weeks prior to the beginning of each course conducted. This delay is necessary so that background checks and youth protection trainings can be verified or conducted if needed BEFORE any work with youth begins. Each counselor will be notified via email when it is ok to proceed.

This form should be sent to:

aaccos.bsa.awards@gmail.com

Date of Notification: _____ Program: Ad Altare Dei ____ Pope Pius XII _____

Counselor Information:

Name: _____ Address: _____

City/ State/Zip Code): _____ Phone Number: _____

Parish _____ City: _____

Email: _____

Counselor Youth Protection Information (contact your local BSA and/or parish if you need help verifying this information)

Date of most recent Religious Emblem Counselor Training completed: _____

Date of most recent Archdiocesan Criminal Background Check completed: _____

Date of most recent Archdiocesan Called to Protect Training completed: _____

Date of most recent Boy Scout Youth Protection training completed: _____

Pastor's Approval:

I hereby certify that the above names person is a member of my parish and have no objections to his/her functioning as a youth minister to youth in the Ad Altare Dei/Pope Pius XII Emblem programs.

Pastor's signature: _____ Date: _____

Program Information

Date Program is to Start: _____ Number of Participants Anticipated: _____

Location of Meetings: _____

Address of Meetings: _____

Day of week meeting will be held on: _____

Frequency of meeting: _____ Time of meeting: _____

Name of Person Assisting: _____

Parish: _____ City: _____

Date of his/her Religious Emblem Counselor Training completed: _____

Date of most recent Boy Scout Youth Protection Training completed: _____

Copy this form and complete before each Ad Altare Dei/Pope Pius XII Program is conducted.